Effective Health Care

Benefits and Harms of Digoxin for Atrial Fibrillation and Heart Failure Treatment in Older Adults

Next Steps

The nominator is interested in using a new systematic review about the benefits and harms of digoxin in older adults for atrial fibrillation and heart failure. This review would inform their recommendations in the Beers Criteria.

Due to limited program resources at this time, AHRQ will not further assess this topic. No further activity on this topic will be undertaken by the Effective Health Care Program.

Topic Summary and Considerations

Topic Name and Number: Benefits and harms of digoxin for atrial fibrillation and heart failure treatment in older adults, #720

Date: 7/31/2016

Key questions from the nomination:
What are the benefits and harms of digoxin for treating atrial fibrillation in older adults?
What are the benefits and harms of digoxin for treating congestive heart failure in older adults?

- Atrial fibrillation is the most prevalent chronic arrhythmia in patients above 65 years old (5.9% of the population) (1) .
- About 5.1 million adults in the US have congestive heart failure, with increasing prevalence with increasing age. At 80 years and older, 8.6% of men and 11.5% of women have heart failure (2).
- Digoxin is used for treating atrial fibrillation and congestive heart failure. However it has adverse effects include slowed heart rate, dizziness, fainting, and nausea; and has multiple drug interactions.
- Balancing the benefits and harms in older adults is challenging because of age-related physiologic changes and the risk of drug interaction because older adults are frequently on multiple medications.
- Due to limited program resources at this time, AHRQ is unable to further assess this topic.

References

1. Franken RA RR, Santos SC. Atrial Fibrillation in the Elderly. J Geriatr Cardiol. 2012;9(2):91-100.
2. Go AS MD, Roger VL, et al. Executive summary: heart disease and stroke statistics–2013 update: a report from the American Heart Association. Circulation. 2013;127(1):143-52.